Letters to the Editor

Preference is given to letters commenting on contributions recently published in the JRSM. *They should not exceed* **300 words** *and should be* **typed double-spaced.**

Alfred the Great: a diagnosis

I read the article on Alfred the Great by Craig with interest (May 1991 *JRSM*, p 303). The argument for Crohn's disease is very ingenious. However, haemorrhoidal disease and complications are much more common. Bouts of thrombosis and prolapse, with a probably psychologic overlay, occur frequently enough to account for the intermittency of Alfred's symptoms, rather than Crohn's disease. His many pursuits (wars, Viking attacks, governing, etc) would tend to rule out an affliction with a chronic debilitating disease.

According to Asser, Alfred contracted the malady in the 'first flowering of youth'. On one occasion, the attack had been cured after Alfred lay prostrate in silent prayer for a long while. This suggests a simple reduction of haemorrhoids as Asser goes on 'to substitute for the pangs of the present and agonizing infirmity some less severe illness, on the understanding that the new illness would not be outwardly visible on his body'.

His attack of pain during the Great Feast after he married Ealhswith may well have been due to prolapse or thrombosis precipitated by his nuptial exertions. Certainly, even a king would have been embarrassed at such a time to have displayed the cause of his pain!

The term used by Asser, 'ficus' (a fig[1]) is generally translated as 'piles', 'haemorrhoids', or St Fiacre's disease[2].

There appears to be at least two versions of who St Fiacre really was[3,4]. In one version, that he was an ordained Irish priest from Co. Kilkenny; in the other version, the first-born son of the King of Scotland, Eugene IV. He settled at the fringe of a forest not far from the village of Breuil-en Brie in a place which is called today 'Saint Fiacre' (Seine et Marne).

Many miracles were attributed to St Fiacre. He was once accused of witchcraft and waited for several days outside the church sitting on a big stone waiting for an inquest. Apparently the stone softened while he was sitting on it and an imprint resulted. It was granted the mysterious power of curing haemorrhoids if the patient sat on it and kept faith.

The French cab 'fiacre' derived its name from him. The Hotel de St Fiacre in Paris in the middle of the 17th century had these coaches for hire. As the sign of the Inn was an image of the saint, the coaches became called by that name.

It was said that Henry V of England died of St Fiacre's disease, at Vincennes. Another royal sufferer was King Louis XIII.

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Acute myeloid leukaemia complicating sarcoidosis

We read with interest the case report by Murphy *et al.* in which they report a case of acute myeloid leukaemia (AML) complicating sarcoidosis (June 1991 *JRSM*, p 368).

This case is of interest because of the relationship between sarcoidosis and leukaemia. There have been reports of lung cancer and both Hodgkin's and non-Hodgkin's lymphomas occurring in association with sarcoidosis[1]. Several lines of evidence indicate that this association is not fortuitous. In an epidemiological study of 2544 sarcoidosis patients the number of cases of malignant lymphoma and lung cancer was significantly greater than expected. In this group of sarcoidosis patients, lymphoma occurs 5.5 times more than expected[2].

The development of AML in sarcoidosis history is extremely rare. Five cases have been previously reported[3-7]. In two of them, the sarcoidosis diagnosis must be discussed because the two diseases were diagnosed at the same time, since granulomata may occur as a reaction of the tumour[4]. However, in three other cases, sarcoidosis preceded the AML by 3-7 years and Murphy's patient about 10 years[5-7].

It is difficult to propose one general hypothesis which explains why sarcoidosis may predispose to malignant disease. In the sarcoidosis-lymphoma syndrome, the increased mitotic activity of the B-lymphoid cells in the tissues involved with sarcoidosis lead to an increased risk of subsequent malignant transformation, as described in sicca syndrome and rheumatoid arthritis[8].

We do not know if sarcoidosis may predispose to AML, but it may be suggested that the depletion of circulating T-helper cells seen in sarcoidosis may lead to decreased tumour rejection or perhaps to decreased resistance against putative oncogenic viruses[9]. Reich suggested that sarcoid-like reactions and sarcoidosis may represent an immunological response to tumour antigen[7]. It is known that granulomatous inflammation occurs as a response to a large variety of insoluble antigens. Controversially, how can the 3-7 years' interval between sarcoidosis and AML diagnosis be explained?

It seems to be interesting to report all cases of sarcoidosis in which AML occurred. A large series might provide an answer about sarcoidosis-AML relationship: causality or coincidence?

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